

## LuRetta Fairman Comments on FCC NPRM 7/2008

### Affecting STS and STS IP

#### Section I. Contact information

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#### Section II. Background

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A long-time friend of mine has severely impaired speech; STS enables us to talk directly with one another in a way that is not otherwise possible.

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My Quaker Meeting supports helping speech-disabled persons utilize services that will enhance their independent communication and employment opportunities. I serve as liaison between the local Quaker Meeting and the work of Speech communications Assistance by Telephone, Inc. We are building a network of concerned persons throughout the U.S. who are committed to advancing services and opportunities for the speech-disabled community.

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#### Section III. Comments

##### A. STS Issues

1. ☒ Length of time that the communications assistant ( CA ) stays with the call: For STS to be most effective, it is important for the CA to stay with the call for 20 (rather than 15) minutes. Working with the speech-impaired caller to establish accurate understanding of their speech takes time, especially when alternative methods such as a talking PC must be tried and compared to learn what works best.
- 1A. ☒ When effective communication begins: Effective communication only begins when the STS operator can understand the user well enough so that the user can complete the call satisfactorily.
2. ☒ Muting the voice: Some STS users are embarrassed to have others hear their unusual voices. Some persons, when speaking with an STS user, are quite distracted by hearing severely impaired speech. For these reasons, it is important for STS users to be able to have the option of muting their voices, so that effective communication can be accomplished without unnecessary obstacles and discouragement.
3. ☒ Confidentiality Explanation: Each user of STS must be told initially by the CA that STS calls are confidential. Then their profile can be updated so that this announcement need not be repeated in future.
4. ☒ Easy 711 STS Access: STS users (up to 500,000 in the U.S.) need to be able to use 711 as easily as any other users. Because many STS users have serious dexterity and cognitive problems, a prompt or menu could do much to offer functionally equivalent 711 access. For these users, it is important that the STS option be placed at the beginning of the menu, and that required keystrokes be as few as possible. Providers must carefully inform all STS users that they can complete an STS profile to have their telephone numbers branded for STS. This will make STS access far easier and can help to assure appropriate call handling. Each individual profile must include up to 100 words giving information the user

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considers helpful to themselves, the CA and other callers. Whenever an STS user (who has a profile and branded phone number) places or receives an STS call, the profile should come up on the CA's screen. The form should be simple; the user should be able to submit it via the CA, by email, fax, or online. Dialing 711 with an STS branded phone should reach STS directly.

5. ☒ Silence on the line: It is very important that when the caller with the speech disability is silent without saying good-bye, the CA should not disconnect until after 60 seconds. Cognitive and dexterity problems may be the cause of this silence.
6. ☒ Abuse: The FCC must stop abuse of STS by people without speech disabilities. Such abuse is wide spread now and interferes with STS effectiveness.

### B. IP STS Issues

1. ☒ Reimbursement rate: I do not think that per-minute-rate compensation for IP STS should be the same as for STS, unless separate and high enough funding is provided for outreach and equipment. IP STS reimbursement from the Interstate TRS Fund should be quite large.

One reason for a high IP STS reimbursement rate is to give providers the incentive to identify and recruit users. IP STS users are difficult and expensive to find and train because people with speech disabilities are relatively few, with an exceptionally low employment rate. This massive unemployment is attributable to high rates of brain injury in this group from conditions like cerebral palsy.

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Another reason for high IP STS reimbursement is that many people with speech disabilities (PSDs) have dexterity problems which require expensive equipment for computer access such as “eye gaze” access software and hardware, or equipment to provide PC access through alternative and augmentative communications (AAC) devices. Many speech-disabled users will only be able to use IP STS if appropriate equipment is provided.

2. \_\_X\_\_ Consumer training and Outreach: Unlike deaf consumers who transferred telephone skills (both technical and social) from their previous use of Video Relay Service, many new IP STS users have never used the telephone. Hence, learning to use IP STS will be a significant lifestyle change, socially and psychologically. Up to ten home visits will be required to help them make these adjustments. Also, poverty is rampant among STS users, due to very low employment. It is extremely unlikely that PSDs will use this service unless all equipment, and 3-10 home visits, are provided. Speech Language Pathologists (approximately \$100/hour) are best qualified to find and visit potential STS users. Reimbursement rates must be high enough to cover all these costs.

### C. Other STS and IP STS Issues

#### 1. Outreach and consumer training - Increased use

- A. \_\_X\_\_ Increasing the reimbursement rate to ensure outreach: I consider it a very good thing that FCC is continuing to provide for STS outreach by establishing a \$2.7248 per minute rate for interstate calls. This seems an adequate incentive for providers to identify and train the majority of potential STS users. I urge the FCC to continue this high rate on an ongoing basis.

STS users should receive encouragement to use the telephone similar to what the general public receives. This can happen when providers have adequate reimbursement for inter- and intra-state STS/IP-STS calls.

Here are some suggestions.

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1. \_X\_ Supplementing Intrastate Rates: FCC could add to intrastate rates sufficient sums to assure adequate outreach.
2. \_X\_ Funding STS Nationally: Doing away with the very low intrastate rates over which the FCC has no control, and instead funding STS nationally, would enable providers to make a reasonable profit, and would create incentive for them to educate large numbers of prospective STS users. It only seems fair for FCC to provide STS nationally, as it does VRS.
3. \_X\_ The MARS rate: This rate alone is not adequate to generate the needed STS outreach. The MARS rate cannot fund both STS and necessary marketing. Reimbursement must be sufficiently above cost to provide financial incentive to reach a significant portion of the speech disability population.

### B. Outreach Needs and Methods:

1. \_X\_ Multiple Contacts: One-to-one training of individual STS users generally requires multiple contacts to be successful. Too brief introduction to STS typically leads to minimal long-term use; greater success results from multiple home visits. STS outreach should be funded to include 3-10 home visits (a previously successful formula). Speech Language Pathologists (SLPs) are best qualified to make these home visits. SLPs require much time to identify hard-to-find potential STS customers. The cost of such SLP services must be built into the reimbursement rate. However, this would not cause STS rates to exceed current VRS rates. STS users deserve to receive services and

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training just as VRS clients and the general public do.

2. ☒ No known STS outreach method: STS providers need sufficient financial incentive to research and discover a successful STS outreach method.
3. ☒ Validation of effective STS outreach strategies: Once valid and effective outreach strategies have been identified, we can assume providers will choose the most useful strategies, in order to maximize call volume and profits.

I urge that an STS and IP STS Advisory Council be established to ensure each potential user nationwide will be identified and trained. The Advisory Council's national short and long range plans will increase consumer awareness and education.

4. ☒ Current incentives for other speech disability assistive technology must be applied to STS. The infrequent use of STS appears to be directly related to funding. It is startling to note that thousands of Americans use assistive hardware and software to help them communicate, while only a few hundred consumers use the assistive service available through Speech-to-Speech. The reason for this difference appears to be funding.

A thriving industry, largely funded through health care channels, produces augmentative and alternative communications devices (also called AAC devices or voice output computers). AAC manufacturers and sales organizations have successfully lobbied to receive a reasonable profit from reimbursements through medical insurance. Many professionals benefit by providing this technology, including medical, legal and marketing specialists.

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On the other hand, nobody in a position to advocate for STS consumer training gains enough financially from STS to be motivated to lobby on its behalf. This must change! STS reimbursement must be high enough to pay for STS consumer training!

C. ☒ Single National Provider and nationwide administration: A single, nationwide provider should offer both interstate and intrastate STS. The FCC has the needed authority to mandate such an approach, similar to VRS.

1. FCC authority to approve nationwide providers of STS and IP-STS is similar to its authority to have national VRS providers. A national service would be reasonable given the small number of potential users. When this small number (perhaps 500,000 to 1,000,000 for STS and IPSTS combined) is divided among the states, some states have less than 500 potential users. No state has sufficient call volume to justify a state run STS service. Economy of scale is a primary reason to make STS a national service.
2. If the marketplace justifies it, there could be multiple providers for both services, similar to VRS. competition improves quality of service.
3. Each provider will serve the whole country from one call center with dedicated CAs. Because these CAs only process STS and IP-STS calls, they will develop sufficient expertise to provide good service.
4. The small speech disabled population is limited in its advocacy. A large proportion have multiple disabilities (such as ALS and severe CP) which

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prevent self-advocacy. It is not reasonable that Congress intended that such a small and limited population would provide the required State level advocacy. Fairness points to a need for administering STS and IP-STS nationwide. There are not enough state level STS consumer advocates to monitor either program if they are state administered. Having nationwide STS and IP-STS programs will PROTECT STS consumer rights.

5. No state has sufficient call volume to justify a state run STS or IP-STS service. Economy of scale is a primary reason to make them national services.
6. Costs for intrastate STS and IP-STS calls and a pro-rated share of outreach costs will be reimbursed by the states. IP STS users should be accorded access to the new ten digit numbering and emergency call services available to other IP users.
7. Making STS and IP-STS national services under the FCC, as VRS is, would GRANT the FCC rate setting ability over all, RATHER THAN ONLY INTERSTATE, STS calls.

- D.   x   CA Compensation: STS and IP-STS CA compensation must be adequate. CAs will be paid enough to establish a career path, just as video relay interpreters are. If DEAF video relay CLIENTS have the right to receive service from motivated interpreters who provide good service (because of adequate compensation and a career path), then speech-disabled STS users have the same right.



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- E. ☒ Supervision: Supervisors and CAs should receive regular training from qualified speech language pathologists (SLPs), so that they will have a thorough understanding of the physiology of STS users. Such trainers would have the ethical responsibility (because of the SLP code of ethics) to ensure a much higher quality of service than currently exists. Higher quality of CA service will support and encourage higher rates of user confidence and service utilization.